

VIII. Compliance Check Form FY 2021

Retailer:	niler: Address:		:
City:	State:	ZIP:	
RESULTS (check one):	Complia	ant	If Unable to Complete the Compliance Check (check one)
Date Checked:	☐ Non-Co	mpliant	 Establishment has a VALID PERMIT but Does Not Sell Tobacco, Alternative Nicotine or Vapor Products. Permit Status Verified by City Clerk or County Auditor
Time Checked:	(Not Applica	to Complete	☐ Establishment No Longer Holds a Valid Tobacco, Alternative Nicotine or Vapor Product Permit
Clerk Information: ☐ Male ☐ Female			☐ Establishment is Out of Business
(NAME ONLY REQUIRED IF NON-COMPLIANT)			☐ Establishment is designated as an "Unsatisfactory Condition"
First Name:	Middle Ini	tial:	 - "Unsatisfactory Condition" verified by ABD Investigator - Trooper Conducted a Walk-Through of the Premises (Explanation Required in Comments Section Below) ▶ If none of the above reasons apply, write reason and explanation on the back of the form—see page 4 for reason list.
Last Name:			
I have issued a criminal citation to the clerk listed above for selling tobacco, alternative nicotine or vapor products to a person under age twenty-one. **Iowa Code § 453A.2(1).**			
(NOTE: If the compliance check result is Non-Compliant, a citation must be issued before your department may receive payment.)			
TROOPER INFORMATION (TROOPER THAT CONDUCTED COMPLIANCE CHECK):			
First Name: Middle Initial: Last Name:			
Badge: District:			
CONFIDENTIAL INFORMANT (CI):			
Cl Age: □ 16 □ 17 □ 18 □ 19 □ 20			
Cl Gender: ☐ Male ☐ Female Cl Number: (Last 4 digits of Cl's ID)			
Cl Race: ☐ Black ☐ American Indian/ Alaskan Native ☐ Asian/ Pacific Islander ☐ White ☐ Unknown			
Cl Ethnicity: □ Not of Hispanic Origin □ Hispanic Origin □ Unknown			
RESULTS OF ATTEMPTED PURCHASE:			
Attempted Purchase Item: ☐ Cigarettes ☐ Smokeless Tobacco ☐ Other Tobacco Product			
□ Vapor Product □ Alternative Nicotine Product COMMENTS:			
Age Requested? □ YES □ NO			
ID Requested? □ YES □ NO			

Trooper Signature